

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-031849

STATE FILE NUMBER

DO NOT WRITE
ON THIS SUB

AMENDED

Registration District No. 224 Primary Registration District No. 5791 Registrar's No. 61

FILED SEP 10 1962

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Moniteau | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Moniteau | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Enon, Mo | | c. CITY OR TOWN Enon, Mo | |
| Length of stay in 1b 20 Yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen Del-Home | | d. STREET ADDRESS (If outside, give location) Gen Del | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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|---|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) Lewis Ellsworth Wiser | | | 4. DATE OF DEATH Month Sept Day 3 Year 1962 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/10/98 | 9. AGE (last birthday) 64 | IF UNDER 1 YEAR Months 64 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contract Work | | 10b. KIND OF BUSINESS OR INDUSTRY Carpenter | | 11. BIRTHPLACE (City and state or country) Enon, Mo-Cole Co U.S.A. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME William O. Wiser | | 13b. MOTHER'S MAIDEN NAME Cordelia Wyrick | |
| 14. NAME OF HUSBAND OR WIFE Anna Wiser | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or, unknown) (If yes, give war or dates of service) No | | 17. INFORMANT Address Anna Wiser-Enon, Mo | |

| | | |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Emphysema | | INTERVAL BETWEEN ONSET AND DEATH 3 years |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

| | | | |
|--|---|--|--------------------------|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY _____ STATE _____ |

| | | | |
|---|----------------------------|--|--|
| 21. I attended the deceased from 1956 to Sept 3, 1962 and last saw him alive on Sept 3, 1962 | | Death occurred at 10/10 A.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE <i>Dr. L. S. Saylor</i> | | 22b. ADDRESS California, Mo. | |
| 22c. DATE SIGNED 9/4/62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9/5/62 | 23c. NAME OF CEMETERY OR CREMATORY Allen Cemetery | |
| 23d. LOCATION (City, town, or county) Rural-Enon, Mo | | | |
| 24. FUNERAL DIRECTOR Bowlin Funeral Home-California, Mo | | 25. DATE RECD. BY LOCAL REG. 9/7/62 | |
| 26. REGISTRAR'S SIGNATURE <i>Nelson L. Joppy</i> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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SEP 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.